

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/570,133

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2		1					52	1	1				
3		2					53		1				
4		2					54		1				
5		0					55		1				
6		0					56		1				
7		0					57		1				
8		0					58		1				
9		0					59		1				
10		0					60		1				
11		0					61		1				
12		0					62		1				
13		0					63		1				
14		0					64						
15		0					65						
16		0					66						
17		0					67						
18		0					68						
19		0					69						
20		0					70						
21		0					71						
22		0					72						
23		0					73						
24		0					74						
25		0					75						
26		1					76						
27		1					77						
28		1					78						
29		2					79						
30		2					80						
31		0					81						
32		1					82						
33		1					83						
34		1					84						
35		1					85						
36		4					86						
37		4					87						
38		1					88						
39		1					89						
40		1					90						
41		1					91						
42		1					92						
43		1					93						
44		1					94						
45		1					95						
46		1					96						
47		1					97						
48		1					98						
49		1					99						
50		1					100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	2	↓		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.	24	←		←		←
TOTAL CLAIMS							TOTAL CLAIMS	26					

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